

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS

30 January 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 2:00 PM EST ON OR BEFORE 24 February 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 21L
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 21L NL-03-03"

A. NOTICE. This position is set aside for individual Early Childhood Educators only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. EARLY CHILDHOOD EDUCATOR. The Government is seeking to place under contract an individual who possesses a Bachelor's degree (or higher) in Special Education, or eligibility for Birth-Kindergarten License by the N.C. Department of Public Instruction. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

Services shall be provided in support of the Educational and Developmental Intervention Services (EDIS) for the Naval Hospital, Camp Lejeune, NC. You shall provide services in the Naval Hospital, the patient's home, or the patient's day care setting, or other appropriate settings located on or off base in Onslow County, NC.

You shall be on duty in the assigned clinical area for 40 hours per week in any of the above locations, as scheduled by the Head, EDIS Program. The actual number of hours and locations where services shall be provided shall vary based on your mutual agreement with the Head, EDIS, and the fluctuation in patient requirements. Services shall be provided in the Naval Hospital, the patient's home, or the patient's day care setting, or other appropriate settings located on or off base in Onslow County, NC. in the Naval Hospital, the patient's home, or the patient's day care setting, or other appropriate settings for family meetings, located on or off base in Onslow County, NC. You shall normally provide services for an 8.5 hour period (to include an uncompensated .5 hours for lunch), as scheduled, between the hours of 0730 and 1830 Monday through Friday throughout the term of the contract. This shall include attendance of weekly team meetings.

You shall accrue eight hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 80 hour period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

Extended Travel.

The Commanding Officer may request that you attend and participate in meetings/conferences incurring travel expenses. You shall be reimbursed for such travel at comparable rates as determined by the Federal Travel Regulations. You shall make all travel arrangements and incur related expenses. No payments will be made in advance of travel. You shall submit an invoice (DD Form 250) itemizing expenses in amounts determined to be allowable by the Contracting Officer's Representative/Technical Liaison at the completion of travel.

Costs for transportation, lodging, meals, and incidental expenses incurred by contractor personnel are allowable subject to Federal Acquisition Regulation Federal #31-205-46 and Federal Travel Regulations prescribed by the General Services Administration or deemed reasonable by the Contracting Officer's Representative/Technical Liaison.

The Government will provide the Healthcare Worker with an identification letter, Attachment 006, for presentation to AMTRAK, hotel/motel, car rental firms and/or use of DoD facilities, when permitted. It should be noted that vendors are not obligated to extend the discounted Government rates to contractors working on behalf of the Federal Government. If the vendor does not extend discounted government rates to you, you shall be compensated for the actual expense incurred.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" throughout this Section C means: Commanding Officer, Naval Hospital, Camp Lejeune, NC or designated representative, e.g. Technical Liaison, Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES** - You shall provide a full range of Early Childhood Special Educator services, service coordination services, and administrative services, using government furnished supplies, facilities and equipment, in coordination with the Head, EDIS. Your workload occurs as a result of demand for special education services and/or service coordination services and is scheduled in coordination with Head, EDIS. As an ancillary support service, all patient contact and care is expected to be safe and timely and result in achievement of realistic and documented treatment goals, and comply or satisfy the intent of the referring medical staff.

Administrative and Training Requirements. You shall:

1. Perform administrative duties that include maintaining statistical records of your clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Command Officer.
2. Fill out time sheets in accordance with Head, EDIS. Time sheets shall be turned in to the Head, EDIS every two weeks before close of business on Monday.
3. Attend meetings and provide administrative services within the Naval Hospital and at other locations within Onslow County. These meetings shall consist of coordination of services with other EDIS therapists and community service providers, one-on-one interaction with the Head, EDIS for evaluation of services, and other functions to include charting, consulting, etc.
4. Family Advocacy. You shall participate in the implementation of the Hospital's Family Advocacy Program as directed. Participation shall include, but not be limited to, documentation and reporting.
5. You shall obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or the equivalent. This training and certification will be provided by the Navy.

STANDARD DUTIES

1. **FUNCTION:** Provide Early Childhood Special Educator services and Service Coordination services targeting the patient population of infants and toddlers from birth to 36 months old inclusive who have developmental delays or disabilities or are at-risk for developmental delay. Perform a full range of Early Childhood Special Educator services and Service Coordination services, within the scope of this statement of work, using government furnished supplies, facilities and equipment, in coordination with the Head, EDIS and within the scope of clinical privileges granted by the Commanding Officer. Workload occurs as a result of demand for early childhood special education services and service coordination services and is scheduled in coordination with Head, EDIS.

2. **LEGAL BASE AND PHILOSOPHY:** Services provided under the contract are required by the Individuals with Disabilities Education Act, as amended (20 U.S.C., Section 1400) and under section 2164 of 10 U.S.C. as added by Section 351(a) of Public Law 103-337. The EDIS involves the provision of services such as physical therapy, occupational therapy, speech therapy, education and counseling intervention to eligible infants and toddlers with disabilities, ages 0-36 months inclusive, and their families. The emphasis of EDIS is on family-centered care, i.e., emphasis on the patient (child) within the family unit, rather than on the patient alone. The parent(s)/guardian(s) is an integral part of the treatment team. Services are to be provided in patient's "natural environments," i.e., patient's home or day care setting. You shall serve as a liaison between the patient/patient's family, caregivers, therapists, the Naval Hospital, and other early intervention service providers.

3. **TEAM MEMBERSHIP:** You shall serve as a member of the EDIS Team, which may consist of the Head, EDIS, pediatrician, occupational therapist, speech/language pathologist, speech-language pathology assistant, special educator, physical therapist, social worker, nurse, psychologist, parents/caregivers, service coordinators, and referring providers. The EDIS is a transdisciplinary team approach to assessment and treatment. Each professional within the team may have direct involvement with the patient and family and will collaborate with family and team members in carrying out the child's program. Treatment planning will occur as a result of group consensus, even when evaluations are performed independently. Each member of the transdisciplinary team is accountable to the team as a whole. You shall be an active member of the EDIS team and are required to be present at team meetings at the discretion of the Head, EDIS.

4. **PATIENT CHARACTERISTICS:** You shall provide early childhood special education services and service coordination services to infants and toddlers from birth to 36 months who have developmental delays or disabilities or are at-risk for developmental delays and their families, and to other pediatric patients as workload allows. Typical diagnoses of patient population include, but are not limited to, the following:

- Prematurity
- Developmental Delay
- Cerebral Palsy
- Spina Bifida
- Prenatal Drug and Alcohol Exposure
- Chromosomal Abnormalities
- Autism
- Failure to Thrive
- Neurological Dysfunction
- Sensory Deficits
- Neuromotor Disorders
- Congenital Limb Deformities
- Other Chronic Illnesses which may affect development

5. **SCREENING/EVALUATION/ASSESSMENT -** You shall conduct developmental screening services for the purpose of identifying children who are not functioning within typical developmental parameters and who may require further evaluation or services.

If trained and qualified, you shall provide general developmental evaluation and assessment of infants and toddlers with disabilities, ages 0-36 months, and for other pediatric patients, as workload allows. Evaluations will primarily be conducted in collaboration with other EDIS team members. Re-evaluations will be conducted in conjunction with establishment or review of each patient's IFSP, or as indicated by treatment planning needs. The written findings of the initial evaluation and/or re-evaluation and recommended treatment plan shall be provided to the patient's service coordinator within 10 business days following the evaluation.

6. **INTERVENTION -** You shall provide comprehensive special education treatment services to pediatric patients to include, but not limited to development and implementation of special education interventions to enhance the patient's development and performance in:

- | | |
|-----------------------------------|----------------------------|
| -Cognitive/perceptual development | -Communication development |
| -Social/emotional development | -Adaptive development |
| -Gross and fine motor Development | -Behavior Management |
| -Play skills | |

You shall participate in the following:

- Implementation of child find activities
- Development, evaluation, implementation, and modification of Individualized Family Service Plans
- Consultation regarding integration of patients into child care settings with typically developing children
- Evaluation, fitting, procurement, and instruction in use of assistive technology devices
- Identification of family values, beliefs, goals, concerns, and priorities within cultural context which impact patient development
- Conducting patient/family screenings to determine the need for additional early intervention assessment and treatment
- Assessing and recommending modification of family and/or day care environment to enhance patient's development
- Modifying intervention and treatment plan in accordance with patient's and family's changing needs
- Treatment planning, family conference, and discharge planning sessions as required.

7. **SERVICE COORDINATION** - You shall provide service coordination/case management services to patient and family. You shall ensure that evaluations, eligibility determination, initial and annual Individualized Family Service Plan (IFSP) development and reviews, and transition services are provided in a timely manner to eligible patients in accordance with public law and Navy guidance.

You shall greet referents or families by telephone or in person and obtain referral information. You shall meet with families in their homes, the Naval Hospital, the parent's worksite or other appropriate location of the family's choice in order to provide information to families regarding the EDIS Program, procedures, and families' procedural rights, and other community service options. You shall assist families in identifying their priorities and concerns for their child. You shall schedule evaluations, family conferences, and treatment sessions.

You shall conduct family conferences to determine each patient's eligibility for EDIS, to establish the service coordinator's portion of an IFSP for eligible children, to rewrite or review the service coordinator's portion of the IFSP, to provide service coordination services as required on the IFSP, or to meet other family needs. Such conferences will not be conducted to counsel families relative to speech/language disorders without the presence of the supervising speech-language pathologist.

You shall arrange provision of services specified on the IFSP and assist families in accessing other needed services.

You shall collaborate with other community service providers and the North Carolina Infant-Toddler Program (NC-ITP) agencies to ensure community coordination of referrals and family access to available services. You shall attend interagency meetings and maintain positive working relationships with community early intervention personnel.

8. **PROGRAM EVALUATION** - Coordinate with the Head, EDIS and the EDIS team, and other providers as necessary to evaluate the EDIS and to assure complete and appropriate care. Participate in performance improvement and other program evaluation activities as assigned by Head, EDIS.

9. **DOCUMENTATION** - You shall maintain documentation of patient's educational progress. Acting as a service coordinator, you shall produce and/or manage case record documentation on appropriate government-furnished forms, to include referral information, evaluation summaries, IFSP's, medical information, and documentation of patient/family contacts. You shall maintain updated patient information in the computer-based Special Needs Program Management Information System (SNPMIS). You shall maintain documentation on appropriate Government-furnished forms of all services provided, in accordance with the Bureau of Medicine and Surgery and Naval Hospital directives. Government computers may be used, if available. Complete the Bureau of Medicine and Surgery (BUMED) Medical Expense and Performance Reporting System and Naval Hospital reports as required.

You shall ensure that all documentation is legible and signed, and in format required by Naval Hospital.

10. OTHER REQUIREMENTS

Attend meetings and provide administrative services within the Naval Hospital and at other locations within Onslow County. These meetings shall consist of coordination of services with other EDIS therapists and community service providers, one-on-one interaction with the Head, EDIS for evaluation of services, and other functions to include charting, consulting, etc.

Prior to performance of services, the health care worker shall submit to the technical liaison the credentialing documents identified in Appendix (s) of BUMEDINST 6320.66A. Applicable instructions will be available to the health care worker after contract award from the MTF.

CREDENTIALS AND PRIVILEGING: Credentialing is not required for this position. However, as directed in section D., you shall provide copies of appropriate diplomas, licensures, certification and continuing education hours documents to the Flight Commander as part of your application for this position.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Bachelor's or Master's Degree in Special Education, or eligibility for Birth-Kindergarten License by the N.C. Department of Public Instruction.
2. Possess full time experience (1700 hours) of at least 12 months within the preceding 24 months in providing special education services for developmentally delayed pediatric patients. This experience shall include conducting independent educational/developmental assessments using standardized tests. This specific experience may be verified through letters of recommendation, resume, etc.
3. Provide three letters of recommendation. Two letters must be from practicing physicians, professional peers, or direct supervisors attesting to the health care worker's clinical skills. Reference letters from health care professionals must include name, title, phone number, date of reference, address and signature of the individual providing reference. The third letter must be from the parent(s) of a former pediatric patient attesting to their satisfaction with the treatment provided, (rapport with patient, bedside manner, etc.) Letters of reference must have been written within the preceding 5 years.
4. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
5. Represent an acceptable malpractice risk to the Navy.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation, Item D.3., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional certifications or licensure related to the position, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed* " Personal Qualifications Sheet - Early Intervention Educator " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).

4. _____ Three or more letters of recommendation per paragraph D.3., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code is 621340.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-3023, Ms. Nancy LaVigne.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – EARLY CHILD EDUCATOR

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. **In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VII. of this Sheet.**

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, copy of BLS - C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	_____	_____
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	_____	_____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Names and Addresses of Preceding Employer

	From	To
(2) _____	_____	_____

Describe Work performed: _____

	From	To
(3) _____	_____	_____

Describe Work performed: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

_____ When does the contract expire? _____

VII. Professional References:

Provide three letters of recommendation. Two letters must be from practicing physicians, professional peers, or direct supervisors attesting to the health care worker's clinical skills. Reference letters from health care professionals must include name, title, phone number, date of reference, address and signature of the individual providing reference. The third letter must be from the parent(s) of a former pediatric patient attesting to their satisfaction with the treatment provided, (rapport with patient, bedside manner, etc.) Letters of reference must have been written within the preceding 5 years.

VIII. Employment Eligibility (Please provide copies of supporting documentation, See Attachment 3)

	Yes	No
Do you meet the requirements for U.S. Employment Eligibility contained in Section D4 and Attachment 3?	_____	_____

IX. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

X. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 7 April 2003 through 30 September 2003. Four option periods will be included which will extend services through 6 April 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Early Childhood Educators in the Jacksonville, NC. area. The average hourly price awarded previously for performance in 2003 by an Early childhood Educator is \$25.00/hour for this area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one full time Early Childhood Educator the Naval Hospital Camp Lejeune, NC., in accordance with this Application and the resulting contract.				
0001AA	Base Period; 7 April thru 30 Sep 03	1016	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 6 Apr 08	1080	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying

ATTACHMENT 3

4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-3023 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: NL-03-03

ATTACHMENT 6

NL-03-03

CONTRACTOR LETTER OF IDENTIFICATION

To Whom It May Concern:

SUBJECT: OFFICIAL TRAVEL OF GOVERNMENT CONTRACTORS

(Contractor's Name), the bearer of this letter, has a contract with this agency under Government (Contract number: N62645-XX-C-XXXX). During the period of the contract 7 April 2003 through 6 April 2008, **AND ONLY IF THE VENDOR PERMITS**, the named bearer is eligible and authorized to use available travel discount rates in accordance with Government contracts and/or agreements.

(Signature)
Nancy L. LaVigne
Contracting Officer
Telephone No.: 301-619-3023